



# Improving collaboration between community mental health services and GPs

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**In 1998, the second National Mental Health Plan in Australia highlighted a need to improve partnerships between mental health services and general practitioners so as to improve mental health care delivery.<sup>1</sup> Different models have been developed, with varying degrees of success (including consultation liaison,<sup>2</sup> assigning linkage workers,<sup>3</sup> and practice visits<sup>4</sup>). No single model is preferred: they need evaluating under different funding and time constraints.<sup>5</sup> One good feature may be the collaboration that occurs between GPs and community psychiatric service staff who get to know about each other and their respective roles through personal contact, establishing regular long lasting communication.<sup>6</sup>**

The Hunter Valley Mental Health Service (HVMHS) is an adult community mental health service covering an area of 16 000 square km in New South Wales. In 2001 the HVMHS began a pilot case review project with local GPs across three locations, in conjunction with the Hunter Rural Division of General Practice, as one component of a mental health and general practice liaison program. The project consisted of multidisciplinary HVMHS staff (nurses, psychologists, and psychiatrists) visiting local general practice surgeries at lunch time. There were 11 general practices involved in the program. On average, each practice was visited three times a year by three HVMHS staff for 1 hour at a time.

Visits generally included discussion of any shared patients ('case review'), issues relating to mental health assessments, access to the HVMHS, and possible treatment strategies. Resources such as patient educational materials on available mental health services were also provided and there was an opportunity for GPs to prepare care plans and case conferencing under the Enhanced Primary Care (EPC) initiative.<sup>7</sup> Initial evaluations of the pilot were favourable. Subsequently,

in 2003–2004 the case review meetings were expanded to include three more locations of the HVMHS, making a total of 61 GPs from 26 practices and 15 HVMHS staff.

## Methods

In May 2005, a one page self report questionnaire was mailed to all 61 GPs and 15 HVMHS staff who had participated in the program in 2003–2005. The questionnaire covered four domains: overall satisfaction with the case review meetings; improvement in links between services; increased awareness of services available; and the treatment of patients with mental health issues, using an anchored Likert scale. The questionnaire also contained an open question asking which aspects of the case review meetings participants found most helpful. Those who did not respond within 2 weeks were faxed another copy of the questionnaire.

## Results

The questionnaire was returned by 32 GPs (52%) and 11 HVMHS staff (73%). Overall, both HVMHS staff and GPs rated the case review meetings as moderate to high on all domains (*Table 1*). General practitioners rated them significantly higher on all domains except helpfulness with patient treatment. In terms of the aspects reported as being the most helpful, HVMHS staff and GPs did not differ significantly in their comments. The aspect most commonly described as helpful was the personal contact between HVMHS staff and GPs (ie. face-to-face contact) (n=19, 44%), followed by the review of patient treatment strategies (n=12, 28%). Positive comments about the case review meetings included: 'sharing the load' and 'opens communication and support'.

## Discussion

These results may not be generalised because of the small and select volunteer sample. However, our survey

**Table 1. Summary of HVMHS staff and GP case review questionnaire**

	HVMHS staff (n=11)	GPs (n=32)	All (n=43)
Case review ratings, 1–5 (mean, SD)†			
Overall satisfaction	3.27 (0.79)	3.84 (0.68)*	3.70 (0.74)
Improving links	3.00 (0.63)	3.78 (0.83)**	3.58 (0.85)
Awareness of services	3.09 (0.70)	3.69 (0.64)*	3.53 (0.70)
Helped with patient treatment	3.55 (0.52)	3.56 (0.80)	3.56 (0.73)
Aspects of case review reported as helpful (n, %)			
Personal contact	7 (64)	12 (38)	19 (44)
Patient treatment	5 (46)	7 (22)	12 (28)
Service issues	3 (27)	4 (13)	7 (16)
General positive comment	1 (9)	5 (16)	6 (14)
Ratings: 1 = none, 2 = low, 3 = moderate, 4 = high, 5 = extreme			
† Comparisons were based on t-tests			
* $p < .05$			
** $p < .01$			

suggests that mental health case review meetings are perceived as time and cost effective, and improve service partnerships. Perhaps the model would work in other mental health service settings, and might even improve patient care.

## Implications for general practice

What we already know:

- Collaborative partnerships between GPs and mental health services based around periodic case review meetings are feasible.

What this survey shows:

- Participants enjoyed the case review meetings and felt they were effective.
- General practitioners found the meetings more helpful than mental health workers did.

Conflict of interest: none declared.

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